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20277 7590 04/19/2004

**MCDERMOTT WILL & EMERY LLP**  
**600 13TH STREET, N.W.**  
**WASHINGTON, DC 20005-3096**



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(Depositor's name)
(Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/073,066	02/12/2002	Suzette K. Pangrle	50432-104	2391

TITLE OF INVENTION: PHOSPHINE TREATMENT OF LOW DIELECTRIC CONSTANT MATERIALS IN SEMICONDUCTOR DEVICE MANUFACTURING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	07/19/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, THANH T	2813	438-637000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**MCDERMOTT WILL**  
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ADVANCED MICRO DEVICES, INC.

Sunnyvale, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies

1

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 500417 (enclose an extra copy of this form).

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Arthur J. Steiner, Reg. #26,106 7/19/2004

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07/21/2004 HMEKONE1 00000001 500417 10073066

01 FC:1501

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